



Mississippi State Department of Health COVID-19 Nursing Home Re-Opening Guidelines and Guidelines for Limited Outdoor Visitation

Revised 08/12/2020

On May 18, 2020 the Centers for Medicare and Medicaid Services (CMS) released guidance for a phased reopening approach for nursing homes <https://www.cms.gov/files/document/qso-20-30-nh.pdf> . The purpose is to provide a framework to ease earlier restrictions implemented in nursing homes to reduce the introduction and transmission of COVID-19 into this vulnerable population. Mississippi nursing homes have been significantly impacted by COVID-19, with more than 100 outbreaks and approximately 50% of all deaths in the state occurring in long-term care facility residents. The intent of the phased approach is to allow nursing homes to move forward to more normal operations while continuing to protect the residents.

The Mississippi State Department of Health (MSDH) Bureau of Health Facilities Licensure and Certification and the Office of Epidemiology have worked collaboratively to develop Mississippi Specific guidance for phased and safe reopening of nursing homes. MSDH will allow nursing homes to individually reopen based on community transmission status and the status of COVID-19 cases and virus transmission within the facility. The checklists below are designed to provide the nursing home with criteria for entrance into each Phase.

Outdoor Visitation

Visitation is recognized as an important part of a nursing home resident's health and well-being. It is known that congregate settings provide opportunities for increased risk for the spread of COVID-19. However, recent data show that the risks of virus transmission are lower in outdoor settings. Outdoor visitation may be considered for any facility regardless of the current phase if the facility does not have a current ongoing outbreak, or if a recent outbreak in the facility there should be no new onset of cases in residents or staff in the past 28 days.

1. Facilities should establish visitor areas that are protected from weather elements, such as porches, patios and other covered areas, or have a space large enough to house a temporary tent.
2. The facility must monitor the temperature in any outdoor visitation area.
3. Visits should occur only on days when there are no weather warnings that would put their visitors or residents at risk.
4. Adequate staff must be present to allow for personnel to help with outdoor transition of residents, monitoring of visitation, and cleaning and sanitizing areas after each visit.
5. Visitation areas must be cleaned and sanitized between visitations using an approved antiviral disinfectant. The visitation schedule must provide sufficient time in between visits for this process.
6. Visitors must participate in and pass the facility's screening process prior to each visit.

7. The facility screening process must include a screening questionnaire, which will record the identity of the resident visited, date, name, address and phone number of the visitor and the facility must maintain these records so that they can be made available upon request by the Mississippi State Department of Health Bureau of Health Facilities Licensure and Certification or Office of Epidemiology.
8. The questionnaire will also include a declaration regarding signs and symptoms of infection, contact and/or exposure to known COVID-19 positive persons, and any prior testing for COVID-19, and a statement that the visitor will inform the facility immediately if they develop symptoms within 72 hours of visiting or test positive for COVID-19 after visiting.
9. Visitors must not have signs or symptoms of COVID-19 for at least three (3) days prior to a visit.
10. If any visitor previously tested positive for COVID-19, they must not visit within 14 days of a positive test.
11. Residents must wear a cloth face covering during the visit, if able, and all visitors must always adhere to physical distancing (at least 6 feet apart) during visits.
12. Residents must have the ability to safely transition from their room to an outdoor visitation location.
13. Visitation will be limited to two (2) visitors per one resident at a time to minimize the number of people to which a resident is exposed.
14. Visitors must stay in designated outdoor visitation locations.
15. Visitation should be restricted to children 12 years of age or older. Visitors with children must be able to manage them, and children must be able to wear a face mask during the entire visitation. Special family circumstances warranting children under the age of 12 to visit can be approved by the facility.
16. Outdoor visitations should be rotated, and visitors must **schedule** visits in advance with the facility pursuant to the facility's scheduling process and available times.
17. Facilities should rotate and schedule visits at specific times such that the total number of visitors present at any one time does not exceed safe limits.
18. Visitation will only be allowed during select hours of each day as defined by the facility.
19. Visitation hours and limits should be determined by the facility's availability of outdoor space and the ability of staff to monitor for infection control measures.
20. The facility must **ensure** that hand sanitizer and extra facemasks are available.
21. Visitors must sanitize hands with an alcohol-based hand rub or by handwashing with soap and water when entering and exiting.
22. Visitors cannot eat during the visit but may provide food and beverage to the resident consistent with dietary considerations if approved by the facility.
23. The facility must monitor all visits carefully to ensure that masks are worn, and visitation policies are followed.
24. If the facility cannot provide the necessary supervision of outdoor visits to prevent breeches in infection control requirements, then the facility must defer until Phase 3 for outdoor visitation.
25. A facility must immediately suspend for 28 days all visitation if at any time one or more residents or staff members become newly positive for COVID-19.

Recommendations for Progression Through the Phases

Checklist for Phase 1 Entry

1. Case status in the community: The county is not under the Governor's Executive Order for additional Community Mitigation Measures and Masks (<https://msdh.ms.gov/page/14,21866,420.html>).
2. Case status in nursing homes: The facility does not have a current ongoing outbreak, or if a recent outbreak in the facility there should be no new onset of cases in residents or staff in the past 28 days.
3. Adequate staffing: There should be no current staffing shortages in the facility and the facility should not be under emergency staffing.
4. Baseline testing of all residents and staff has been conducted.
5. A predetermined plan for testing refusals has been developed.
6. Access to adequate testing with a viral detection test. The facility has developed a testing plan that includes:
 - a. Capacity to test staff/employees on a weekly basis.
 - b. A plan to test any resident in contact to a case or exhibiting symptoms consistent with COVID-19.
 - c. The plan should include an arrangement with laboratories to process tests. The recommended test is a PCR or antigen test with a rapid turnaround of 48 hours or less.
 - d. Capacity for all residents and employees to be tested upon identification of an outbreak (COVID-19 in a resident or staff member)
 - e. Capacity to continue weekly testing of all previously negative residents and employees during an outbreak until no additional positives are identified.
 - f. MSDH is able to provide limited support for this initial testing upon identification of an outbreak, but not prolonged
7. A written plan for symptom and temperature screening of each resident (daily), each staff member (each shift) and all person upon entering the facility.
8. Universal Source control that includes universal masking of staff.
9. Adequate supplies of personal protective equipment (PPE) for residents and staff, and cleaning and disinfecting products.
10. A plan to implement cohorting of residents in the event a resident is identified with COVID-19 and to provide dedicated healthcare staff to care for only those infected residents
11. A plan to exclude COVID-19 positive and symptomatic employees from the workplace.
12. Provide education and resources to staff to prevent infection outside of the workplace to reduce the introduction of COVID-19 into the facility through infected employees.
13. Local hospital capacity: Ability to transfer residents to a hospital when needed.
14. Phase I attestation is submitted to MSDH

Checklist for Phase 2 Entry

1. The nursing home has been in Reopening Phase 1 for at least 14 days.
2. Case status in the community: The county is not under the Governor's Executive Order for Additional Community Mitigation and Masks (<https://msdh.ms.gov/page/14,21866,420.html>).
3. Facility Status: No current outbreak and if a recent outbreak, no cases in residents or staff in the last 28 days.
4. Facility has in place all the components for Phase 1 entry.
5. The Phase 2 attestation is submitted to MSDH.

Checklist for Phase 3 Entry

1. The nursing home has been in Reopening Phase 2 for at least 14 days.
2. Case status in the community: The county is not under the Governor's Executive Order for Additional Community Mitigation and Masks (<https://msdh.ms.gov/page/14,21866,420.html>).
3. Facility Status: No current outbreak and if a recent outbreak, no cases in residents or staff in the last 28 days.
4. Facility has in place all other requirements for Phase 1 and 2 entry.
5. The Phase 3 attestation is submitted to MSDH.

If a facility is able to progress through the phases over a 6-week period, they will then remain in **Phase 3**, and they can be considered **sustaining the Phase 3 level**. See the CMS Nursing Home Reopening Recommendations at <https://www.cms.gov/files/document/qso-20-30-nh.pdf> for full guidelines regarding the requirements during each phase.

Triggers for Phase Regression

1. If the facility identifies a new nursing home onset of COVID-19 in the facility while in **any** Phase, that facility goes back to the **highest** level of mitigation (Phase 1) and **starts over**.
 1. A nursing home onset case refers to a case that originated in the nursing home (even if the case is no longer in the facility). It does not include cases admitted to the nursing home with a prior positive COVID-19 status or unknown status who became positive within 14 days after admission.
 2. If an employee or staff member tests positive for COVID-19 and is in the facility during their infectious period (up to 48 hours prior to onset of illness).
2. If the county where the facility is located is designated by the Governor's Executive Order for Additional Community Mitigation Measures due to increased transmission within the county over a two week period, the facility will not be able to advance in the Phases past the current Phase the facility is in until the community criteria for advancing through the Phases is met.

Attestation

Please refer to the agency website for the appropriate attestation forms for moving through the phases.

Additional guidance

See the MSDH COVID-19 Prevention and Response Activities in Long-Term Care/Residential Care Facilities <https://msdh.ms.gov/file/10151.pdf>